

**OFFICE OF THE MEDICAL EXAMINER  
WEST TENNESSEE REGIONAL FORENSIC CENTER**

**REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER**

Hardeman County Medical Examiner: Michael Revelle

Judicial District Number: 25

District Attorney: Honorable Mark E. Davidson

**State Number: 22-35-0046**

**Case Number: MEC2022-2383**

<b>Name of Decedent</b> Brendon Prettyman		<b>Age</b> 23 Years	<b>Race</b> Black	<b>Date of Birth</b> 07/15/1999	<b>Sex</b> Male
<b>Address</b>					
<b>Date of Death</b> 10/19/2022 5:48 AM		<b>Type of Death</b> In Jail/Prison/In Police Custody		<b>Investigating Agency/Complaint #:</b> TN Department of Corrections	
<b>Place of Death</b> Bolivar General Hospital, Bolivar 38008, TN					
<b>Narrative Summary</b> <p>On 10/19/2022 at approximately 0655hrs this office was contacted by Nurse Brandy Berg of Bolivar General Hospital reporting the death of this 23 year old black male tentatively identified as Brendon Prettyman. Nurse Berg reported the decedent who is an inmate at The Hardeman County Correctional Facility arrived at the hospital at 0548hrs DOA suffering from multiple stab wounds. Death was pronounced at 0548hrs by Dr. Patterson. Jurisdiction was accepted by the Medical Examiner's Office. McCulley Removal Service responded to Bolivar General Hospital and transported the decedent to The West Tennessee Regional Forensic Center for further examination and final disposition. Allen Beene 10/19/2022</p>					
<b>Jurisdiction Accepted</b> Yes		<b>Autopsy Ordered</b> Yes		<b>Toxicology Ordered</b> Yes	
<b>Physician Responsible for Death Certificate</b> Danielle Harrell, D.O.					
<b>Cremation Approved</b> Yes		<b>Funeral Home</b> Mid South Mortuary Service			
<b>Cause of Death</b> Multiple Sharp Force Injuries and Blunt Force Injury to the Head					
<b>Contributory Cause of Death</b>					
<b>Manner of Death</b> Homicide					

West Tennessee Regional Forensic Center  
Office of the Medical Examiner  
637 Poplar Avenue  
Memphis, Tennessee 38105-4510  
Telephone (901) 222-4600 Fax (901) 222-4645

**REPORT OF AUTOPSY EXAMINATION**

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<b>CASE NUMBER:</b> 2022-2383	<b>DECEDENT:</b> Brendon Prettyman	
<b>AGE:</b> 23 years	<b>RACE:</b> Black	<b>SEX:</b> 23 years
<b>Authorized by:</b> Michael Revelle, M.D.	<b>Received from:</b> Hardeman County	
<b>Date of Autopsy Examination:</b> 10/20/2022	<b>Time:</b> 1030 hours	
<b>Body Identified by:</b> Fingerprints	<b>Persons present at autopsy:</b> Jasmine Shorter	

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**PATHOLOGICAL DIAGNOSIS**

- I. Multiple Sharp Force Injuries (13 total: 12 stab wounds and 1 incised wound)
  - A. Stab wound of the neck
    - i. Left posterior aspect of the neck
    - ii. Injury to the craniocervical junction and left aspect of the cerebellum
      - 1. Subarachnoid hemorrhage
    - iii. Trajectory: Back to front and left to right
  - B. Incised wound of the face
    - i. Anterior to the left ear
    - ii. Injury to soft tissue and skeletal muscle
  - C. Stab wounds of the chest (two wounds)
    - i. Left midaspect of the chest
    - ii. Injury to the left 5<sup>th</sup> rib, left 4<sup>th</sup> and 5<sup>th</sup> intercostal spaces, heart (right ventricle), diaphragm, liver
      - 1. Pericardial sac: ~250 milliliters of blood
      - 2. Right chest cavity: ~ 500 milliliters of blood
      - 3. Left chest cavity: ~ 275 milliliters of blood
    - iii. Trajectory: Front to back and slightly downward
  - D. Stab wounds of the chest (four wounds)
    - i. Right lower aspect of the chest
    - ii. Injury to skeletal muscle, right 5<sup>th</sup> intercostal space, right 6<sup>th</sup> rib, diaphragm and liver
    - iii. Trajectory: Front to back and component of downward

- E. Stab wound of the chest
  - i. Right midaspect of the chest
  - ii. Injury to the right 4<sup>th</sup> rib, right 3<sup>rd</sup> intercostal space, middle lobe of the right lung
  - iii. Trajectory: Front to back
- F. Stab wound of the abdomen
  - i. Right upper aspect of the abdomen
  - ii. Injury to skeletal muscle
  - iii. Trajectory: Front to back and downward
- G. Stab wound of the torso
  - i. Left lateral aspect of the torso
  - ii. Injury to soft tissue
  - iii. Trajectory: Left to right and slightly downward
- H. Stab wound of the torso
  - i. Left lateral aspect of the torso
  - ii. Injury to soft tissue
  - iii. Trajectory: Left to right and downward
- I. Stab wound of the left thigh
  - i. Lateral aspect of the left thigh
  - ii. Injury to soft tissue
  - iii. Trajectory: Left to right
- II. Blunt Force Injury to the Head
  - A. Subgaleal hemorrhage
  - B. Left temporalis muscle hemorrhage
  - C. Subarachnoid hemorrhage of the brain
- III. Abrasion, left thigh
- IV. Cerebral edema

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**CAUSE OF DEATH:** Multiple Sharp Force Injuries and Blunt Force Injury to the Head

**MANNER OF DEATH:** Homicide

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The facts stated herein are correct to the best of my knowledge and belief.

***\*\*Electronically signed by Danielle Harrell, D.O. on Wednesday, January 18, 2023\*\****

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Danielle Harrell, D.O., Forensic Pathologist,

Date

**EVIDENCE OF INJURY**

The following description reflects the order in which the injuries are examined and is not intended to indicate the order in which they may have occurred.

**I. Multiple Sharp Force Injuries**

- A. Stab wound of the neck: A 1 x 3/8 inch stab wound is located on the left posterior aspect of the neck, 5 inches from the top of the head and 1-1/2 inch to the left of the posterior midline. The wound is oriented from the 2 o'clock to the 8 o'clock positions with the 2 o'clock end rounded and the 8 o'clock end slightly tapered. The wound edges are smooth. The wound path impacts the craniocervical junction and left aspect of the cerebellum. The brainstem and base of the brain have subarachnoid hemorrhage. The approximate depth of the wound is 3-3/8 inches. The trajectory of the wound path, with the body in the anatomical position, is back to front and left to right.
- B. Incised wound of the face: A 2 x 1/2 inch incised wound is located anterior to the left ear, centered 4-1/2 inches from the top of the head and 3-1/2 inches to the left of the anterior midline. The wound is oriented from the 12 o'clock to 6 o'clock positions with both ends slightly rounded. The wound edges are smooth. The wound path injures the underlying soft tissue and skeletal muscle. The approximate depth of the wound is 1/2 inch.
- C. Stab wounds of the chest (two wounds): Two paired stab wounds are located on the left midaspect of the chest, centered 17 inches from the top of the head and 1 inch to the left of the anterior midline. The superior wound is 1 x 5/16 inch and the inferior wound is 1 x 1/4 inch. The wounds are oriented from the 4 o'clock to 10 o'clock positions with both ends rounded. The wound edges are smooth. The wound path injures the left 5<sup>th</sup> rib, left 4<sup>th</sup> and 5<sup>th</sup> intercostal spaces, heart (right ventricle), diaphragm and liver. The pericardial sac contains approximately 250 milliliters of blood. The right chest cavity contains approximately 500 milliliters of blood. The left chest cavity contains approximately 275 milliliters of blood. The approximate depth of the wound is 6 inches. The trajectory of the wound path, with the body in the anatomical position, is front to back and slightly downward.
- D. Stab wounds of the chest (four wounds): A 3 x 1-1/2 inch grouping of four stab wounds are located on the right lower aspect of the chest, centered 19-1/2 inches from the top of the head and 2-1/2 inches to the right of the anterior midline. The wounds range from 3/4 inch to 1 inch in length and 1/4 to 3/4 inch in width. The three outer wounds are oriented from the 3 o'clock to 9 o'clock positions and the inner wound is oriented from the 12 o'clock to 6 o'clock positions. The wound ends range from rounded to tapered. The wound edges are mostly smooth, with the largest wound having a slightly irregular upper edge. The wound path(s) cause injury to skeletal muscle, right 5<sup>th</sup> intercostal space, right 6<sup>th</sup> rib, diaphragm and the liver. Not all wounds

enter the abdominal cavity. The approximate depths of the wound paths range from 1-3/4 inch to 4 inches. The trajectory of the wound paths, with the body in the anatomical position, is front to back and a component of downward.

- E. Stab wound of the chest: A 1x 3/8 inch stab wound is located on the right midaspect of the chest, 16-1/2 inches from the top of the head and 1 inch to the right of the anterior midline. The wound is oriented from the 3 o'clock to 9 o'clock positions, with both ends rounded. The wound edges are smooth. The wound path injures the right 4<sup>th</sup> rib, right 3<sup>rd</sup> intercostal space, middle lobe of the right lung. Injury from this wound may contribute to blood in the right chest cavity, described in Wound C. The approximate depth of the wound is 5 inches. The trajectory of the wound path, with the body in the anatomical position, is front to back.
- F. Stab wound of the abdomen: A 9/16 x 3/8 inch stab wound is located on the right aspect of the abdomen, 23 inches from the top of the head and 2 inches to the right of the anterior midline. The wound is oriented from the 4 o'clock to 10 o'clock positions with the 4 o'clock end rounded and the 10 o'clock end slightly tapered. The wound edges are smooth. The wound path injures the skeletal muscle of the anterior abdominal wall. The approximate depth of the wound is 2 inches. The trajectory of the wound path, with the body in the anatomical position, is front to back and downward.
- G. Stab wound of the torso: A 1/2 x 3/8 inch stab wound is located on the left lateral aspect of the torso, 26 inches from the top of the head and 7 inches to the left of the anterior midline. The wound is oriented from the 5 o'clock to the 11 o'clock positions with both ends rounded. The wound has slightly red abraded margins. The wound path injures soft tissue and the approximate depth of the wound is 3 inches. The trajectory of the wound path, with the body in the anatomical position, is left to right and slightly downward.
- H. Stab wound of the torso: A 3/4 x 1/2 inch stab wound is located on the left lateral aspect of the torso, 28 inches from the top of the head and 7 inches to the left of the anterior midline. The wound is oriented from the 4 o'clock to 10 o'clock positions, with both ends rounded. The wound has slightly red abraded margins. The wound path injures soft tissue and the approximate depth of the wound is 3-1/4 inches. The trajectory of the wound path, with the body in the anatomical position, is left to right and downward.
- I. Stab wound of the left thigh: A 1 x 1/2 inch stab wound is located on the lateral aspect of the left thigh, 35 inches from the bottom of the left heel and 3-1/2 inches to the left of the anterior midline of the left thigh. The wound is oriented from the 3 o'clock to 9 o'clock positions, with both ends rounded. The wound edges are smooth. The wound path injures the underlying soft tissue of the left thigh. The approximate depth of the wound is 3 inches. The

trajectory of the wound path, with the body in the anatomical position, is left to right.

- II. Blunt Force Injury to the Head: The left temporoparietal aspect of the scalp has an area of subgaleal hemorrhage. The left temporalis muscle has hemorrhage. The brain has subarachnoid hemorrhage, most prominent on the right.
- III. Other injury: A 1 inch red-yellow abrasion is located on the anterolateral aspect of the left thigh, with desiccated wound edges. A component of superficial incised wound is not excluded.

**EXTERNAL EXAMINATION:**

*Please see evidence of injury for gunshot wound/blunt force related abnormalities.*

**Rigor:** Full  
**Livor:** Faint red and unfixed posteriorly  
**Algor:** Cold (refrigerated)  
**Weight:** 230 pounds  
**Length:** 71 inches  
**Eyes:** Brown  
**Hair:** Black  
**Scars:** As diagrammed and photographed  
**Tattoos:** As diagrammed and photographed  
**Clothing:** Grey shirt (previously cut), grey undershirt (previously cut), grey pants, grey underwear, one black glove and two white socks. Multiple defects are located in the decedent's shirts, which correspond to previously described stab wounds. Defects are also located in the decedent's underwear and pants, which correspond to previously described stab wounds.  
**Personal Effects:** White necklace and black necklace.  
**Therapy:** Four electrocardiogram leads, two automated external defibrillator pad and identification band on right wrist.  
**General External Examination:** The decedent is received in an unsealed body bag. The bag is opened to show the body of a well-developed adult man. The face has a black mustache with beard. The corneas are clear. The conjunctivae are clear and free of hemorrhages. The sclerae are white-tan and free of hemorrhages. The nares are normally formed and patent. The dentition is native and in fair repair. The lips and frenula are intact. The ears are normally formed and the left ear lobe appears cosmetically pierced. The neck is normally formed and injured as previously described. The chest is normally formed and injured as previously described. The abdomen is normally formed and injured as previously described. The back is normally formed. The external genitalia are uninjured. The anus is uninjured. The upper extremities are normally formed. Paper bags are not present on the hands. The hands show no injuries. The fingernails are intact with no fresh chips or tears. The lower extremities are normally formed and injured as previously described.  
**X-rays:** Radiographs of the head, neck, torso and pelvis show no retained radiopaque foreign object.

**INTERNAL EXAMINATION**

*Please see evidence of injury for gunshot wound/blunt force abnormalities.*

**PLEURA:** Injured as previously described.

**PERITONEUM:** Injured as previously described.

**PERICARDIUM:** Injured as previously described.

**NECK ORGANS:** The larynx is unobstructed. The hyoid bone, cricoid cartilage and thyroid cartilage are intact. The thyroid is normally formed.

**HEART:** The heart weighs 346 grams and is injured as previously described. The coronary arteries are normally formed and without atherosclerosis. The atria and ventricles have normal anatomic relationships and a normal blood flow pattern. The uninjured aspects of the myocardium are homogenous red-brown and firm. The left ventricular wall, right lateral ventricular wall and interventricular septum are 1.1-1.2, 0.1-0.2 and 1.1-1.2 centimeters in thickness, respectively. The valve leaflets are thin, white and pliable without vegetation, calcification or anomaly. The open circumference of the valves are as follows: tricuspid valve, 12 centimeters; pulmonic valve, 6 centimeters; bicuspid valve, 11 centimeters; aortic valve, 6 centimeters.

**AORTA:** Normally formed with no gross abnormality.

**LUNGS:** Right, 304 grams. Left, 284 grams. Normally formed and the middle lobe of the right lung is injured as previously described.

**LIVER:** 1370 grams. Red-brown and injured as previously described.

**GALLBLADDER:** Contains a small amount of viscid bile.

**SPLEEN:** 108 grams. Red-purple with no gross abnormality.

**PANCREAS:** Tan-brown with no gross abnormality.

**ADRENALS:** Normally formed with no gross abnormality.

**GI TRACT:** The tongue is intact. The gastroesophageal junction is well defined. The stomach contains partially digested food. The small intestines, large intestines and appendix are grossly unremarkable.



**KIDNEYS:** Right, 108 grams. Left, 122 grams. Red-brown and normally formed.

**BLADDER:** Normally formed and contains approximately 40 milliliters of urine.

**GENITALIA:** Testes and prostate are normally formed.

**BRAIN AND MENINGES:** The unfixed and edematous brain weighs 1424 grams. The dura is white, firm and free of nodules. The leptomeninges are thin, translucent, and with subarachnoid hemorrhage as previously described. The superficial veins of the brain and cranial nerves are unremarkable. The vessels of the Circle of Willis are patent and without significant atherosclerosis. Cut surfaces of the cerebrum show good demarcation of gray and white matter. There are no space occupying lesions or hemorrhage. The deep nuclei of the brain and the bilateral hippocampi are normally formed. The cut surfaces of the midbrain, medulla, pons and uninjured aspects of the cerebellum are grossly unremarkable.

**BONY SKELETON:** Normally formed with slight thoracic scoliosis and injured as previously described.

**ADDITIONAL PROCEDURES:**

Toxicology: Samples of vitreous, urine, liver and postmortem blood are submitted for toxicology analysis (see separate toxicology report).

Evidence collected: FTA blood spot cards, pulled head hair, fingernail clippings/clippers, clothing, personal effects and fingerprints.

Anthropology consultation: Casts of the right 4<sup>th</sup> and 6<sup>th</sup> ribs were made and diagnostic features were not identified. See separate forensic anthropology report.

### **SUMMARY AND INTERPRETATION**

This 23 year old man, identified as Brendon Prettyman, was reportedly an inmate at the Hardeman County Correctional facility when he was slammed into a wall by another inmate and stabbed multiple times. He was transported to Bolivar General Hospital where death was pronounced shortly following arrival. Autopsy revealed multiple stab wounds with injuries to the head, neck and torso as previously described. There was hemorrhage of the scalp, left temporalis muscle and subarachnoid hemorrhage of the brain, consistent with blunt traumatic injury. Toxicology analysis performed on postmortem blood was negative for the drugs/substances tested. Based on all currently known and available information, the cause of death is multiple sharp force injuries and blunt force injury to the head, and the manner of death is homicide.



## NMS Labs

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

### Toxicology Report

Report Issued 11/07/2022 15:18

To: 10505

University of Tennessee Forensic Center  
Attn: Marco Ross  
637 Poplar Avenue  
Memphis, TN 38105

Patient Name PRETTYMAN, BRENDON

Patient ID 2022-2383

Chain NMSCP212986

DOB 07/15/1999

Sex Male

Workorder 22395287

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### Positive Findings:

None Detected

See Detailed Findings section for additional information

### Testing Requested:

Test	Test Name
8084B	Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)

### Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	7.75 mL	10/20/2022	Iliac Blood	MEC#2022-2383
002	Gray Stopper Glass Tube	9.75 mL	10/20/2022	Heart Blood	MEC#2022-2383
003	Red Stopper Glass Tube	5.25 mL	10/20/2022	Vitreous Fluid	MEC#2022-2383
004	Red Stopper Plastic Tube	5.75 mL	10/20/2022	Urine	MEC#2022-2383
005	White Cap Plastic Container	17.8 g	10/20/2022	Liver Tissue	MEC#2022-2383

All sample volumes/weights are approximations.

Specimens received on 10/25/2022.



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Workorder 22395287  
Chain NMSCP212986  
Patient ID 2022-2383

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**Detailed Findings:**

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Sample Comments:**

001 Autopsy ID: 2022-2383  
001 Physician/Pathologist Name: Danielle Harris

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 22395287 was electronically  
signed on 11/07/2022 14:35 by:

Jennifer L. Swatek, M.S.F.S., D-ABFT-FT  
Forensic Toxicologist

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 8084B - Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic) - Iliac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.